

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

8925-62-035620

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

FILED SEP 24 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST LOUISLength of stay in 1b  
49 DAYS2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE ILLINOIS b. COUNTY

c. CITY OR TOWN EAST ST LOUIS

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VETS ADM HOSPITALInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
614 N 53RD STReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
ELMER J REHG4. DATE OF DEATH  
Month Day Year  
9/14/625. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3/17/939. AGE (last birthday)  
69IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
BOILER MAKER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
E. ST LOUIS, ILL.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

CONRAD REHG

## 13b. MOTHER'S MAIDEN NAME

LETEMPT

## 14. NAME OF HUSBAND OR WIFE

RUTH REHG

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WWI

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
RUTH REHG WIFE 614 N 53RD ST E ST LOUIS18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

ARTERIOSCLEROSIS SEVERE INVOLVING CEREBRAL,  
CORONARIES, AORTA AND 3CM THORACIC ANEURYSM  
ENCEPHALOMALACIA OLDConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

NEPHROSCLEROSIS

## DUE TO (c)

BRONCHO-PNEUMONIA

BPH WITH CYSTITIS PYELONEPHRITIS

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. X attended the deceased from 1/28/62 to 9/14/62 and last saw him alive on 9/14/62  
Death occurred at 2:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Sheldon Schlaff

(Degree or title)

SHELDON SCHLAFF MD

## 22b. ADDRESS

VAH, ST LOUIS, MO.

## 22c. DATE SIGNED

9/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9-17-62

## 23c. NAME OF CEMETERY OR CREMATORY

Valhalla Burial Park

## 23d. LOCATION (City, town, or county)

Belleville, Illinois

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

John J. Kassly, East St. Louis, Ill.

## 25. DATE RECD. BY LOCAL REG.

SEP 15 1962

## 26. REGISTRAR'S SIGNATURE

Moan Amath M. A.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph J. Keady

Licensed Embalmer No. 2541

P. O. Address E. St. Louis Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.